

ADOPTIONS INFORMATION ACT STATEMENT**Instructions:**

1. Section A – (1) To be completed by California Department of Social Service (CDSS) District Office, licensed adoption agency, or the Adoption Service Provider (ASP).
(2) Indicate for parent where future correspondence may be sent by checking appropriate box.
2. Section B – To be completed and signed by the birth parent and witnessed by the ASP or an authorized representative of the CDSS District Office or licensed adoption agency; to be signed before a notary when signed out of the State of California.
3. Copy to parent; Original to CDSS District Office or licensed adoption agency file.

SECTION A_____
Child's Name_____
Child's BirthdateFor Parent Signing
Relinquishment ☐_____
Name and Address of CDSS District Office or licensed adoption agencyFor Parent Signing
Consent ☐

California Department of Social Services, 744 P Street, M.S. 19-31, SACRAMENTO, California 95814

SECTION B Family Code Sections 8702 and 8818 require that the following information be provided to you.

- (1) It is in the best interest of the child that you as the birth parent keep the CDSS or the licensed adoption agency whose name and address appear above informed of any health problems that you develop that could affect the child.
- (2) It is extremely important that you as the birth parent keep your address current with the CDSS or licensed adoption agency whose name and address appear above in order to permit a response to any inquiries to the CDSS or licensed adoption agency concerning your medical or social history.
- (3) The original relinquishment or consent will be filed in the office of the county clerk of the county in which the adoption takes place. It is not open to inspection by any persons except the parties to the adoption proceedings, their attorneys, and the CDSS unless there is an order by the judge of the superior court.
- (4) Family Code Section 9203 authorizes a person who has been adopted and who has reached the age of 21 to petition the CDSS or the licensed adoption agency whose name and address appear above to obtain the name and address of his/her birth parent. You may indicate whether or not you wish your name and address to be so disclosed by checking the appropriate box in #6 below.
- (5) You as the birth parent may change your decision at any time as to whether or not you wish your name and address disclosed by sending a notarized letter to that effect, by registered mail, return receipt requested, to the CDSS, CDSS District Office, or licensed adoption agency whose name and address appear above.
- (6) Indicate by checking one of the boxes below whether or not you wish your name and address to be disclosed to your child as outlined in (4) above.
☐ YES, I want my name and address disclosed.
☐ NO, I do not want my name and address disclosed.
☐ UNCERTAIN AT THIS TIME; WILL NOTIFY AGENCY AT LATER DATE.

Signature of Birth Parent_____
Date_____
Signature of CDSS/Adoption Service Provider/Agency Representative, or Notary if signed out of the State of California_____
Title, or notarial seal if signed out of the State of California